

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Marjorie Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 20 AM 9:59

DOCUMENT # **p97000073350**

1. Corporation Name

North Lakeland Senior Living

2. Principal Office Address

2626 Cole Avenue

Suite, Apt. #, etc.

Ste 620

3. Mailing Office Address

Box 190934

Suite, Apt. #, etc.

City & State

Dallas, Texas

City & State

Dallas, Texas

Zip

75204

Country

Dallas

Zip

75219

Country

Dallas

4. Date Incorporated or Qualified  
To Do Business in Florida

8-22-97

5. FEI Number

59-3452282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

John Overton

Street Address (P.O. Box Number is Not Acceptable)

1871 Cottonwood Trail

Suite, Apt. #, Etc.

City

Sarasota

State  
FL

Zip Code  
34232

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*John Overton*

Date 11-15-00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, VP	Jim Peters	2626 Cole Avenue, Ste 620	Dallas, Texas 75204
S	Kathy Smith	4160 N 49th Way	Phoenix, Az 85018
D	Tom Hagan	8001 N Dale Mabry Ste 801D	Tampa, Fl 33614
			AD

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jim Peters*

Date

11-12-00

Daytime Phone #

214-880-0990

CR2E081 (9/99)

November 11, 2000

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, Florida 32399

Re: Reinstatement of North Lakeland Senior Living Inc.

Dear Sirs:

Enclosed please find the Reinstatement Form for North Lakeland Senior Living, Inc. Along with The fee of \$150.00.

North Lakeland Senior Living, Inc. respectfully request that any additional late charge be waived because the form was sent to an old address for a previous management company and was not forwarded to us. The tax returns have been sent on time. Any consideration in this renewal will be appreciated.

Sincerely,



Jim Peters

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